

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0165210 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 08/03/2007 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female, who sustained an industrial injury on August 30, 2007. The injured worker was diagnosed as having herniated nucleus pulposus of the lumbar spine and possible lumbar radiculopathy. Medical records (January 9, 2015) indicate overall improvement of low back pain since surgery on December 3, 2014. The injured worker continues to wear a corset and use a single-point cane for ambulation intermittently. She has not started postoperative chiropractic therapy yet. The injured worker reported 4 out of 10 low back pain. She reported improvement of weakness of the bilateral lower extremities since surgery. The physical exam (January 9, 2015) reveals an antalgic gait, 4+ to 5- out of 5 motor strength on the bilateral lower extremities and hyperreflexic bilateral patellar and Achilles reflexes. Surgeries to date have included partial laminectomy at right L5 (lumbar 5, partial laminectomy at right S1 (right sacral 1), and microdissection spinal cord and nerve roots. Treatment has included a back corset, at least 3 sessions of chiropractic therapy without relief, at least 3 sessions of acupuncture without relief, a transforaminal epidural steroid injection without relief, lumbar epidural steroid injection, and medications including oral pain (Tylenol, Norco, and Tramadol ER), topical pain (Lidopro), and non-steroidal anti-inflammatory (Advil and Aleve). The requested treatments included compound medication: Ketoprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Compound DOS: 6.5.15 Ketoprofen 20% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient was injured on 08/03/07 and presents with low back pain, lower extremity pain, and upper back pain. The retrospective request is for COMPOUND DOS: 6.5.15 KETOPROFEN 20% #1. There is no RFA provided and the patient's current work status is not provided. The report with the request is not provided. MTUS Guidelines, Topical Analgesics Section, page 111 states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS page 111 states Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The patient has an antalgic gait and she is diagnosed with herniated nucleus pulposus of the lumbar spine and possible lumbar radiculopathy. The reason for the request is not provided. In this case, Ketoprofen is not approved for topical formulation per MTUS Guidelines. Therefore, the requested Ketoprofen cream IS NOT medically necessary.